

**UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT**

Period Covered: January 1, 2007 - MAY 31, 2008

FORM B
For use by candidates
and new employees

CL JUN 12 2008

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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

DAVID LEE HARTSVUCH

2127 NICHOLAS COURT, BETTENDORF, IA 52722-2177

(Mailing Address)

Daytime Telephone:

563-499-7532

Filer
Status



Candidate for the
House of Representatives

State: IA

District: 61

Date of
Election: 11/04/2008

Check if
Amendment



New officer or
employee

Employing Office: _____

**A \$200 penalty shall be assessed
against anybody who files more
than 30 days late.**

In all sections, please type or print clearly in black ink.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?
If yes, complete and attach Schedule I.

Yes ☒

No ☐

IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years?
If yes, complete and attach Schedule IV.

Yes ☐

No ☒

II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?
If yes, complete and attach Schedule II.

Yes ☒

No ☐

V. Did you have any reportable agreement or arrangement with an outside entity?
If yes, complete and attach Schedule V.

Yes ☐

No ☒

III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?
If yes, complete and attach Schedule III.

Yes ☐

No ☒

VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years?
If yes, complete and attach Schedule VI.

Yes ☒

No ☐

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 8.)

Yes ☐

No ☒

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?

Yes ☐

No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification

Signature of Reporting Individual

Date (Month, Day, Year)

I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.

David L. Hartsvuch

6/12/2008

Name DAVID LEE HARTSUCH Page 2 of 6

List the source, type, and amount of earned income, including honoraria, from any source (other than your current employment by the U.S. Government) totaling \$200 or more during the current year to the filing date *and*, separately, the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

[illegible]

Name DAVID L. HARTSOCH Page 3 of 6

[illegible]

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name **DAVID L. HARTSVCH**

Page **4** of **6**

SP, JT, DC	BLOCK A Asset and/or Income Source	BLOCK B Value of Asset 5/31/2003												BLOCK C Type of Income						BLOCK D Amount of Income 2002																					
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Continuation Sheet (if needed)

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SCHEDULE V—AGREEMENTS

N/A

Name

DAVID L. HARTSVCH

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Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
		1

SCHEDULE VI—COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. **Exclude:** Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule I.

Source (Name and Address)	Brief Description of Duties
<i>Example:</i> Doe Jones & Smith, Hometown, Homestate	Accounting services
Trinity Medical Center, 2701 17 th St., Rock Island, IL 61201	Emergency Medicine Physician